

Name  
in  
Full33  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		Sept	13	Age			
Sex		Color or Race			Birth-place		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Wilson Barnett			Father's Birthplace		
Mother's Maiden Name		Rosa Elliott			Mother's Birthplace		
Name of person giving information		Jas. Sample, Jr.			How related to deceased		
		Uncle					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

Edward Dorsey Barnes

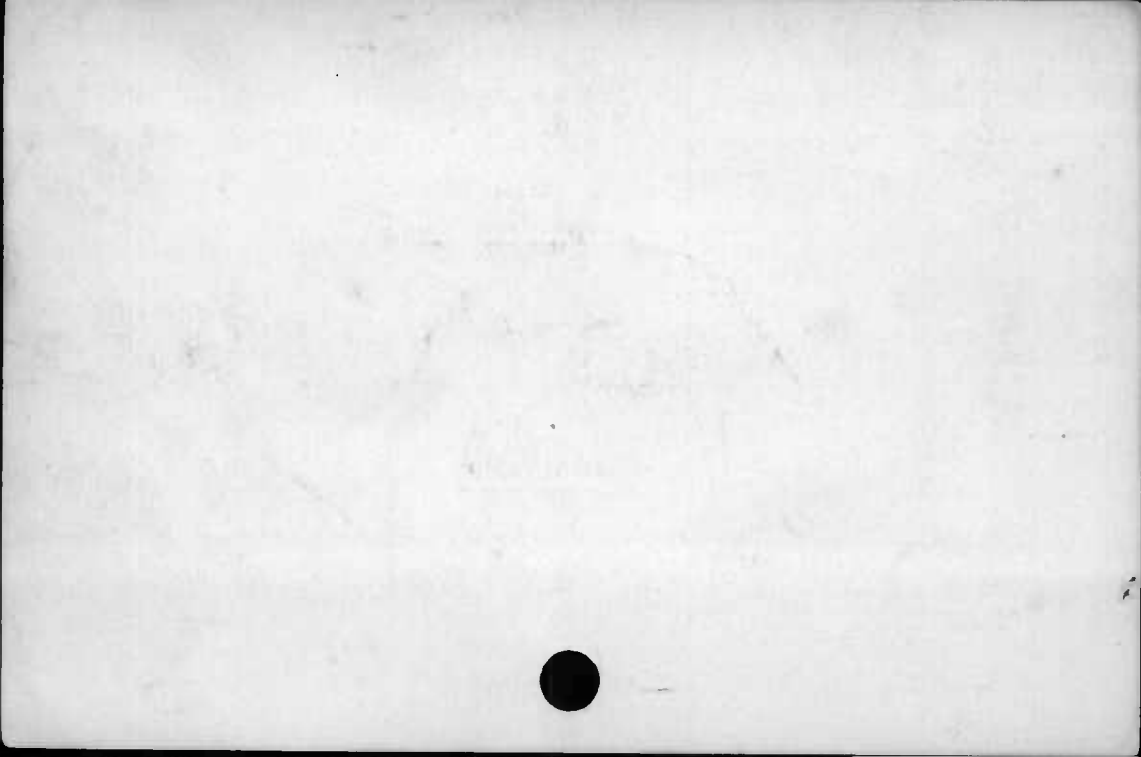
20  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brown Pa.</i>		Town <i>Calvert</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1906	Month	Sep	Day	13	Age	11
Sex	Male		Color or Race	White		Birthplace	Calvert Co
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Geo. R. Barnes				Father's Birthplace		
Mother's Maiden Name	Annie Dorsey				Mother's Birthplace		
Name of person giving information	Geo. R. Barnes				How related to deceased		
				Father			

## CAUSES OF DEATH

Primary	<i>Tuberculosis</i>		How long	<i>4</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		<i>Dr. P. B. ...</i>		
		Address		
		<i>in ...</i>		
Accident or Suicide?				

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Elettie Foot

## CERTIFICATE OF DEATH

Died at <sup>town</sup> Olivet

County Calvert

MARYLAND

Date  
of death 1906

Month 9

Day 17

Age

Years --

Months 5 weeks

Days 4

Sex

Female

Color or  
Race

Colored

Birth-  
place

Calvert co

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Augustus Foot

Father's  
Birthplace

Calvert

Mother's  
Maiden Name

Mary Elizabeth Dawkins

Mother's  
Birthplace

Calvert

Name of person giving  
information

Mary Brown

How related  
to deceased

Aunt

## CAUSES OF DEATH

Primary

How long

From Birth

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

P. L. Truckenbrodt

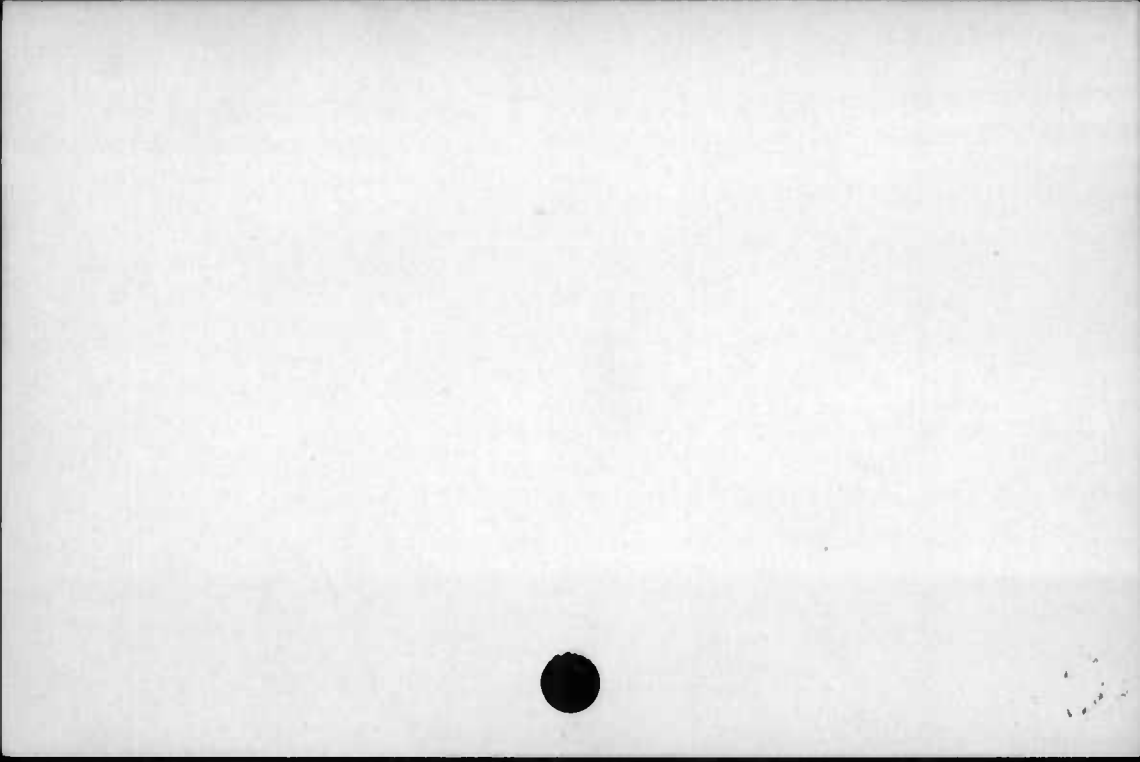
Address

Cove Point  
Calvert co Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1



Name  
in  
Full

Alice Gross

## CERTIFICATE OF DEATH

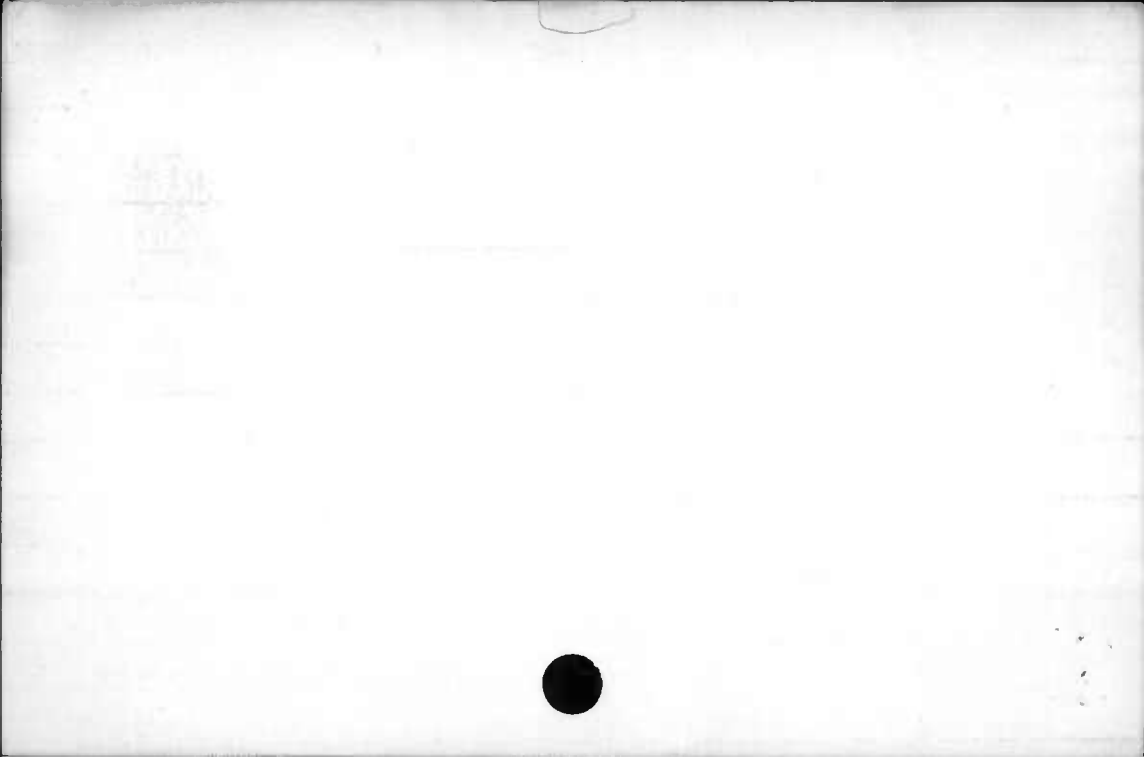
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Baltimore</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1906	Month	Sept	Day	8	Age	Years 3
						Months	Days 3
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Baltimore</i>
Occupation				Where Residing if not at place of death		<i>Calvert Co</i>	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Willie Gross</i>				Father's Birthplace <i>Calvert Co</i>	
Mother's Maiden Name		<i>Zora Johnson</i>				Mother's Birthplace <i>Virginia</i>	
Name of person giving Information		<i>Robt White</i>				How related to deceased <i>Uncle by marriage</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>3 weeks</i>
Immediate	<i>Pneumonia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. King</i>	
		Address <i>Barstow Md.</i>	
Accident or Suicide?			





Name  
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Full

CERTIFICATE OF DEATH

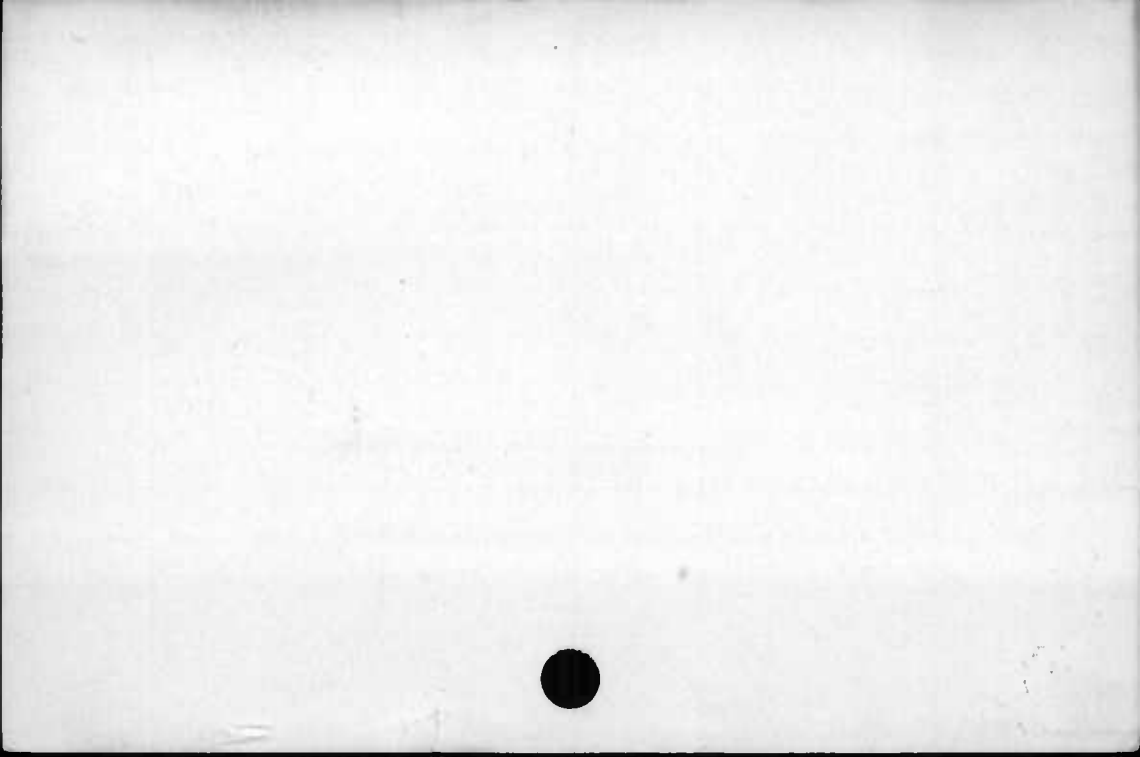
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Huntingtown</i>		County <i>Calvert</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>2</i>	Age <i>20</i>	Years <i>20</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. les.</i>		
Occupation <i>Labourer</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Wesley Grace</i>			Father's Birthplace <i>Cal. les</i>		
Mother's Maiden Name <i>Amelia Grace</i>			Mother's Birthplace <i>Cal. les</i>		
Name of person giving information <i>James Long</i>			How related to deceased <i>step father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Leitch</i>
	Address <i>Huntingtown, Md</i>
Accident or Suicide?	



Name  
in  
Full26  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at St Leonard Town St Leonard County St Leonard  
 Date of death 190 Month Sept Day 23 Age 7 Years 7 Months 7 Days 7  
 Sex male Color or Race Chard Birth-place Calver  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name Joseph Pavian Father's Birthplace Calver  
 Mother's Maiden Name Ellia Jancy Mother's Birthplace " "  
 Name of person giving information Joseph Pavian How related to deceased father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Heart How long 179 Emu Burt  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_

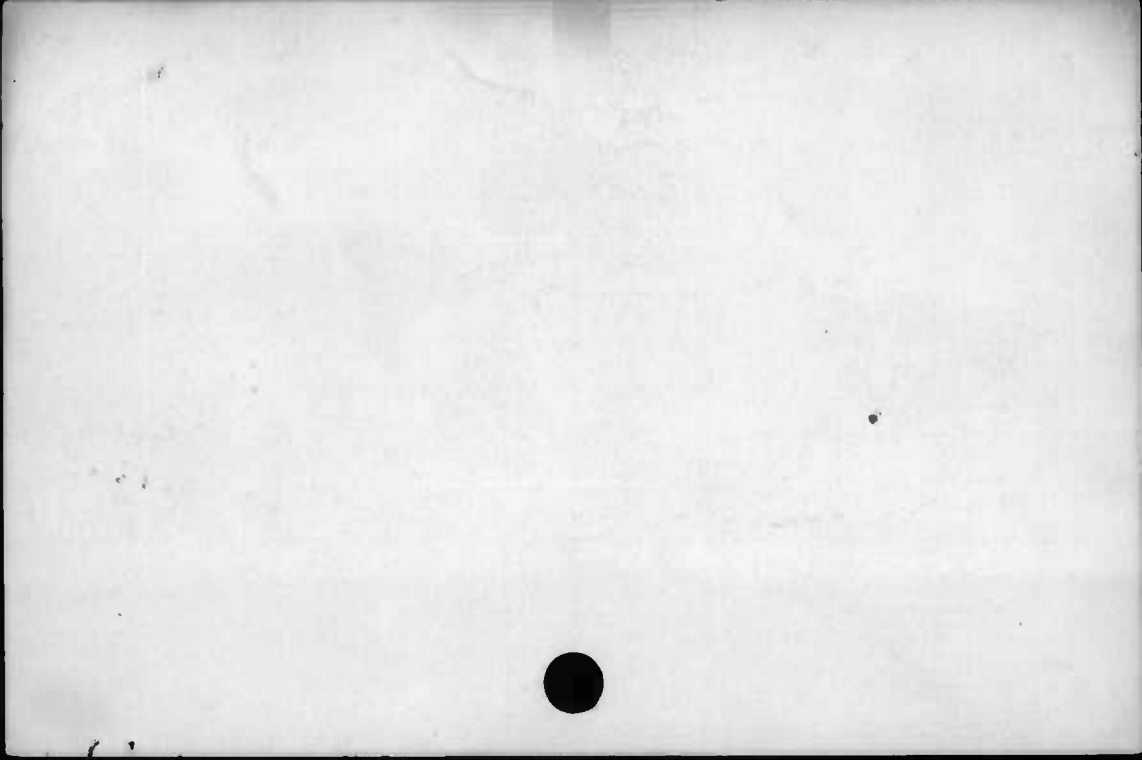
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

D. Brooks & Bros.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ches. Beach</i>		Town <i>Calvert</i>		County	
Date of death <i>1906</i>		Month <i>September</i>	Day <i>6</i>	Age <i>26</i>	Years
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Adkins Chapel</i>			
Occupation <i>Housekeeper</i>		Where Residing, if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Samuel Williams</i>				
Father's Name <i>Silas Walker</i>	Father's Birthplace				
Mother's Maiden Name <i>Wilson</i>	Mother's Birthplace				
Name of person giving information <i>William Samuel Williams</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Childbirth</i>	How long <i>27 hours</i>
Immediate <i>Embolus of Heart</i>	How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Talbot (M.D.)</i>
	Address <i>Ches. Beach Md.</i>
<input checked="" type="radio"/> Accident or Suicide?	

Addison Chapel  
J. M. Lee